

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 201Registered No. 14

1. PLACE OF BIRTH

County Gila State Arizona
 Township _____ or Village _____
 City Hayden No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)
Patricia Alice Acton

{ If child is not yet named, make supplemental report, as directed

2. Full name of child

3. Sex Female 4. Twin, triplet, or other _____ 5. Number, in order of birth _____
 6. Premature _____ Full term _____ 7. Legitimate? Yes 8. Date of birth Jan 31, 1931
 (Month, day, year)

9. Full name FATHER Sidney Albert Acton18. Full maiden name MOTHER Ruth Elliott Akers10. Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)19. Residence (usual place of abode) Hayden, Ariz.
(If nonresident, give place and State)11. Color or race White 12. Age at last birthday 28 (Years)20. Color or race White 21. Age at last birthday 24 (Years)13. Birthplace (city or place) Arizona
(State or country)22. Birthplace (city or place) Oklahoma
(State or country)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Repairman23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Copper Mill

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work _____, 19____

17. Total time (years) spent in this work 8

25. Date (month and year) last engaged in this work _____, 19____

26. Total time (years) spent in this work 527. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn 1

28. If stillborn, period of gestation _____ months or weeks 29. Cause of stillbirth _____
 Before labor _____
 During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:30 P. m. on the date above stated
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Chas. R. Winslow, M.D.

or _____ Midwife

Given name added from a supplemental report

Address Hayden, Ariz.Filed Feb 5, 1931 W. D. Dyer Registrar715-131 (Date of) 912

Registrar